

**MULTIPLE INDEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/540217

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	-					
2		-				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9	1					
10	1	1				
11	1	1				
12	1	1				
13	1	1				
14	1	1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21	1	3				
22		1				
23		1				
24		1				
25		1				
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49						
50						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	26	←		←		←
TOTAL CLAIMS	34					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						